CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI A.	OFFICE	USE ONLY
	Mike Guevara	Date Received	18 APR 27
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE 1322 Hunter Ace Way		
Change of Address	Cedar Park, Texas 78613	LANQ	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (5/2) 904-0010	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MI	Receipt #	Amount \$
NAME	Mr. Michael A. NICKNAME LAST SUFFIX	Date Processed	
	Mike Guevara	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE	
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) TO4-0010		
9 REPORT TYPE	July 15 30th day before election Runoff Bth day before election Exceeded \$500 limit	15th day after treasurer app (Officeholder	ointment
		r mar report (Allacti C/OH - FH)
10 PERIOD COVERED	Month Day Year Month 4/	Day Year 27/20	18
11 ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year Primary Runoff Other Description General Special		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Cedar Part City Coun	<	
	City Coun	al Place	4
	GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	hael C	nuevara	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
,		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATS), LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,551,04		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED				
	4. TOTAL POLITICAL EXPENDITURES \$ 1,540,47				
CONTRIBUTION BALANCE	5. TOTAL P	\$ 1,540,47 DAY \$ 663,98			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF I Y OF THE REPORTING PERIOD	THE \$		
18 AFFIDAVIT					
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.					
My Commission Expires December 7, 2020					
Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said Michael A. Guevava, this the					
day of Hon	, 20 <u>18</u> , t	o certify which, witness my hand and seal of office.			
Jembe John	Jennife Alin Miller Sens for Holman Miller Untary for States CTexas				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Michael Gruevara 20 Filer ID (Ethics Com	nmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 800,00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3751.04
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1540.47
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1278.18
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 928.24
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 5 Facie and Charles Bulter 4/1/2018 6 Contributor address; City: State: Zip Code 3430 Aquamarine Drive Round Rock, Texas 78681 4 Date 7 Amount of contribution (\$) 100,00 8 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_ Phil Wilson Contributor address; City; State; Zip Code 3908 River Place Austin, Texas 78730 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of contribution (\$) 4/5/2018 Contributor address; City; State; Zip Code 411 Mandorn Flyway, Cedar Park, Tesas 100.00 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:__ Amount of contribution (\$) Dennis Davison Contributor address; 4/3/2018 100,00 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE A2 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A2: 2 FILER NAME Michael Guevara 3 Filer ID (Etnics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor Dout-of-state PACHDA Jon Jewett 7 Contributor address: 402 Ridge top Benl, Codor Pork, Term 78613 5 Date 8 Amount of 9 In-kind contribution Contribution \$ description 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 .Employer (FOR NON JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date In-kind contribution Contribution s Advertising Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL)(See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's employer/law tirm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	\$	The first of the first factors of the first factors and the first factors of the first factor	
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14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law fem	of contributor's spouse	(it any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor out-of-state PAC (ID#		Amount of Contribution S	In-kind contribution description
3/27/2018 Contributor address: City. State. Zip Con 2800 E. Whitestone Blvd., Suite PMB 208 Codar Park, Texas 78	de 120 613	348.67	Advertising Expense
3/27/208 Contributor address: City, State, Zip Cook 2800 E. Whitestone Blvd., Suite PMB 208, Celar Pak, Texas 78 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	de IBD 613 Employe	348.67	Advertising Expense of Texas. Complete Schedule I.
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2: 3
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Michael Guevara	
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12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULF AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Denations Made F Candidate/Officeholder/Politic Credt Card Payment	Event Expense Fees Food/Beverage Expense By Gft/Awards Memorials Expense cal Committee Legal Services	Loan Repayment Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation:Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains	s how to complete this form,			
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4 Date 4/10/2018	5 Payee name Ah Hal	The second secon	L		
6 Amount (\$)	7 Payee address, City. State. Zq. 2800 E. White Stone, Cedar Pork, Texas	Suite 120, PMB 20 5 78612	49		
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPEND	ITURE CATE	GORIES FO	OR BOX 8(a)		
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Bv Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) nuevara 4 Date 5 Payee name 6 Amount **7** Payee address; 8 (a) Category (See Categories listed at the top of this schedule) (b) Description __ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Transportation Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** _ Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Computation

Event Expense Feos Food Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment Reimbursement Office Overhead Rental Expense Polling Expense Printing Expense Stianes Whose Charles Labor

Solicitation/Fundraising Expense
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Candidate/Officeholder/Politic		Salares Wages Contract Labo plains how to complete this form	5 , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F4	2 FILERNAME Michael Guer		3 Filer ID (Ethics Commission Filers)
	MIZED EXPENDITURES CHARG		s 10.94
5 Date 4 /21/2018		News	
7 Amount (\$)	8 Payee address: City: State 715 Discover Be Color Pak, 7.	Ludia Ste 304	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories Issued in the low		rption ock diravel suiside of Texas Complete Schedule T esk of Austria TX office holder i ving expense
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
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Complete ONLY if direct expenditure to benefit C:OH	Candidate : Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a pategory not listed above)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Super Cheap Signs
7 Payee address; City; State; Zip Code 9200 Water Fold Centre Blod, Suite 100 Reimbursement from political contributions Austin Texas 78758

(a) Category (See Categories listed at the top of this schedule) intended 8 (b) Description **PURPOSE** OF Adre fising Expenses Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Light Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED